

PI 2000088819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

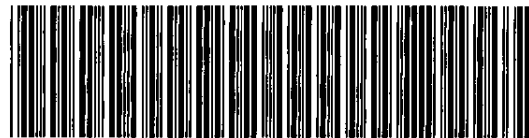
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: STRAIGHTLINE MASONRY, INC  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: STRAIGHTLINE MASONRY, INC  
Name (Printed or typed)

2165 NW 19th ST  
Address

Fort Lauderdale FL 33311  
City, State & Zip

(954) 513-0669  
Daytime Telephone number

straightlinemasonryinc2@yahoo.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



RECEIVED

12 OCT 19 AM

SECRETARY OF STATE

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 11, 2012

JIM BAKER  
2165 NW 19TH ST  
FORT LAUDERDALE, FL 33311

SUBJECT: STRAIGHTLINE MASONRY, INC  
Ref. Number: W12000052294

We have received your document for STRAIGHTLINE MASONRY, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 312A00025178

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: **STRAIGHTLINE MASONRY, INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**2165 NW 19th ST**  
**FT. LAUDERDALE FL 33311**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To conduct all lawful and legal business in the State of Florida and the continental United States of America

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 shares of common stock par value of one dollar (\$1.00) per share

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <b>JIMMY BAKER, MGR</b>	Name and Title: _____
Address: <b>2165 NW 19th ST</b>	Address: _____
<b>FT. LAUDERDALE FL 33311</b>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **JIMMY BAKER, MGR**  
Address: **2165 NW 19th ST**  
**FT. LAUDERDALE FL 33311**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **JIMMY BAKER, MGR**  
Address: **2165 NW 19th ST**  
**FT. LAUDERDALE FL 33311**

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

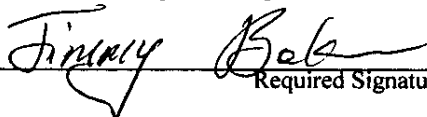


Required Signature/Registered Agent

**10/16/2012**

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

**10/16/2012**

Date